

The Operation of Facilities and
Workshops by State Vocational
Rehabilitation Agencies

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U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Office of Vocational Rehabilitation
Washington, D. C.

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THE OPERATION OF FACILITIES AND WORKSHOPS BY
STATE VOCATIONAL REHABILITATION AGENCIES

A Report by

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F O R E W O R D

Increasing activity of State vocational rehabilitation agencies to encourage organized rehabilitation services in rehabilitation facilities of all kinds is most heartening. The development of rehabilitation facilities has largely followed the traditional American pattern of voluntary effort and community responsibility. Some of the most successful centers, however, have been established by the State rehabilitation agencies.

This report describes the development of five rehabilitation facilities in five different States and is based on information obtained from the State agencies. Figures concerning costs and other operating data were secured from the same source and represent approximations or estimates in some instances.

The development of each rehabilitation facility came about in response to special needs, timely understanding of these needs and the ability of the State directors to muster public support. Most rehabilitation services to individuals are purchased by State agencies from community facilities rather than being provided directly by State facilities. Both systems, however, are essential to the expansion of services, and we feel that those State rehabilitation agencies considering the development of their own facilities will be most interested in a study of the experiences of other States.

Mary E. Switzer
Director
Office of Vocational Rehabilitation



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PART I. THE DEVELOPMENT OF FACILITIES BY STATE VOCATIONAL REHABILITATION AGENCIES

Introduction

The development of specialized facilities for vocational rehabilitation clients is of recent origin. In the early years of the vocational rehabilitation program, the principal method of helping the disabled person to prepare for employment was to purchase for him such services as vocational training, artificial appliances, and orthopedic surgery. These services were provided by the usual run of agencies or companies that served the community at large; specialized facilities were not available and at that time were not considered necessary. The first major change in this situation occurred in 1943 when, after extensive amendments to the Federal Vocational Rehabilitation Act, commissions and other State agencies were authorized to establish separate vocational rehabilitation programs for the blind. Many of these State commissions for the blind had operated sheltered workshops for the blind for many years. Because of the lack of jobs for the blind in competitive business and industry, the commissions had found it necessary to establish special shops for the employment of their clients. Workshops for the blind are still the most numerous type of agency-operated facility for the disabled.

The years since World War II have witnessed a tremendous change in the objectives and methods of vocational rehabilitation. Basic research in medicine, psychology, social work, and education have led to the development of new techniques in serving the severely handicapped. In order to use the newly developed procedures, it has generally been necessary to establish new facilities. Some of these have been established in connection with existing facilities and others have been established on a free-standing community basis.

By and large the new rehabilitation facilities have been established in order to provide the following types of services, all of which are of recent origin and generally designed for the benefit of the severely handicapped: 1. Physical medicine services. These procedures enable the handicapped person to improve his physical functioning by more efficiently using his residual capacities; by developing the physical strength, coordination, and tolerance necessary for effectively engaging in activities of daily living. 2. Prevocational evaluation. Severely handicapped persons are now often evaluated, not merely by means of personal interviews and medical and psychological examination, but by observing and counseling with the client while he works for extended periods in a shop or classroom. 3. Social and vocational adjustment services. These activities, usually carried on in a vocational shop, enable the handicapped person to develop new skills in both the social and vocational areas. 4. Team approach. With the development of the

new techniques, increasing reliance has been placed on the use of a team of professional personnel from various disciplines. Rehabilitation facilities have been in the forefront in making provision for the use of interdisciplinary teams.

Since 1954, the State vocational rehabilitation agencies have been more active than ever in establishing or assisting in the establishment of both comprehensive and specialized rehabilitation facilities. Most of the new facilities have been established or expanded by private nonprofit organizations; some were comprehensive rehabilitation centers constructed with the assistance of Federal funds under the Hill-Burton program, while others were smaller and more specialized facilities.

Since 1954, more than six and one-half million dollars of Federal vocational rehabilitation funds were granted to rehabilitation facilities and workshops. The majority of these are administered by private agencies. During fiscal year 1958, approximately 20 specialized rehabilitation facilities for special disability groups, such as mentally retarded, cerebral palsied, emotionally disabled, and defective vision, were established with the aid of Federal funds under section 4(a)(1) of the Federal Act. Practically all of these facilities were established by private nonprofit agencies.

Although the majority of facilities are being established by private nonprofit agencies, a significant number also are being established by public agencies. In a number of States, specialized rehabilitation facilities have been established in State operated hospitals. In nearly all instances these are facilities for long-term care, such as for the tuberculous, the mentally ill, mentally retarded, and the chronically ill. In most of these instances, Federal vocational rehabilitation funds have been used, along with public funds appropriated to the State hospital but transferred to the State vocational rehabilitation agencies, for the establishment of the facility. These facilities are generally operated by the public agency that administers the hospital in connection with which the facility is operated.

Number and Types of Facilities Operated by State Agencies

Although most State vocational rehabilitation agencies appear still to prefer the traditional practice of buying treatment and training services for their clients from facilities administered by others, there is an increasing number of State agencies that now operate one or more rehabilitation facilities. A questionnaire sent to all State

vocational rehabilitation agencies in May 1958, revealed that 39 State agencies operate a total of 67 workshops and rehabilitation facilities. The following tabulation indicates the number of agencies that operate each general type of facility.

<u>Type of Facility</u>	<u>Number of Agencies</u>	<u>Number of Facilities</u>
Total..	<u>39</u>	<u>67</u>
<u>Multi-disability facilities</u>		
Comprehensive centers with vocational training.....	4	4
Evaluation and adjustment training centers.....	2	2
Medically oriented centers.....	3	4
Workshops for the disabled.....	1	7
<u>Facilities for the Blind</u>		
Workshops.....	13	30
Rehabilitation or training centers.....	10	12
Optical aids clinics.....	2	2
<u>Other single disability facilities</u>		
Half-way houses.....	1	3
Occupational Training center for mentally retarded.....	1	1
Speech and Hearing center for laryngectomees.....	1	1
Training center for the deaf.....	1	1

Most of the 39 State agencies operate only one facility, although 8 agencies operate 2 or more. The agency which operates the largest number of facilities is the Alabama Division of Vocational Rehabilitation which operates 10, including 7 multi-disability workshops, 1 rehabilitation center and 1 workshop for the blind, and 1 speech and hearing center for laryngectomees. The North Carolina Commission for the Blind operates a rehabilitation center and 5 workshops. The Massachusetts Division of the Blind operates 7 workshops.

Workshops and facilities for the blind outnumber those established for other single disability groups or for multi-disability groups. Also, the commissions and other agencies that operate separate vocational rehabilitation services for the blind are more active than the so-called general agencies in operating workshops and facilities. Of the 37 State agencies that administer the "separate" programs for the blind, 21 operate one or more workshops and/or a rehabilitation facility. Of the 16 "general" agencies which serve the blind, along with all other types of handicapped persons, only three operate specialized facilities for the blind.

Workshops for the blind have existed in most States for many years and, in general, their number has not been increasing substantially. The trend during recent years has been to establish specialized evaluation, treatment, and training facilities which prepare the blind for regular competitive employment.

Of the 67 agency-operated facilities, more than half are operated completely by a State vocational rehabilitation agency. The rest are operated partially or indirectly by the State agency. For the purposes of this report, "partial" operation by the State agency is an arrangement under which the State agency pays, on a fixed monthly basis, some but not all of the costs of personnel and other fixed expenses such as rent and utilities. A facility "indirectly" operated by the State agency is one in which (a) its operating policies are determined primarily or exclusively by the State agency; (b) it exists primarily or exclusively to serve State agency clients; and (c) in the case of a workshop, its income, other than from the sale of products, is derived primarily or exclusively from the State agency.

Some of the State agencies have preferred to assume only partial or indirect responsibility for operating facilities, and therefore have entered into cooperative relationships with such voluntary agencies as the Lions Clubs or the State societies for crippled children and adults, or with such public agencies as the State schools for the deaf and the blind. Alabama, for example, operates all 10 of its facilities on a cooperative basis, and the North Carolina Commission for the Blind operates 5 workshops on this basis.

The agency-operated workshops for the blind are all rather small, ranging in capacity of only 6 workers to as many as 68. The average workshop has a capacity of 25. The managerial and supervisory staff varies from 1 to 6 workers, with an average of 3. Most of the workshops report that they provide training services--both vocational and adjustment training--in addition to employment. Most of the shops provide about one-fifth as many training stations as they have work stations.

Some of the workshops provide fairly diversified evaluation and adjustment services, indicating an effort to use the shop, not so much for sheltered and terminal employment as for training, adjustment, and transitional employment.

Ten State agencies operate rehabilitation or adjustment-training centers for the blind. Five of the 10 centers are operated continuously, while the remaining five operate only a portion of the year. Two of the five operate only during the summer and one operates only during the nine-month school year. The five which do not operate the year round are partially or indirectly operated by the State vocational rehabilitation agency; in two States the rehabilitation agency cooperates with the State school for the blind; in one it cooperates with the State-wide organization of Lions Clubs; and in one with a State society for the blind.

Most of the agency-operated rehabilitation or adjustment-training centers for the blind are fairly small operations. Three of the larger centers have capacities of 100, 64, and 51 trainees at one time. Each of the remainder accommodates five or fewer trainees at one time. Comparatively small sums are invested by the State agencies in operating the facilities. Three agencies spend about \$40,000 per year for the support of their facility; two other agencies spend about \$20,000 per year, and the remaining agencies spend under \$10,000 per year.

One agency for the blind has a special arrangement with a multi-disability community rehabilitation center; the agency assumes a partial responsibility for the center which provides adjustment-training services to blind persons, as well as rehabilitation services to other groups of disabled persons.

Most of the single-disability facilities operated by State agencies are small enterprises. For example, the three half-way houses operated in Vermont accommodate about 12 trainees each and the State agency spends about \$10,000 annually to operate each of them. The two optical-aids clinics have very recently been established; the clients in these clinics will be served by appointment and the staff is small. One of the agencies reports that it will spend only \$1,500 per year for maintaining the facility. The other agency has been operating the facility for so short a time that it cannot estimate how much it will spend.

Summary

Most of the facilities and workshops operated by State vocational rehabilitation agencies are small enterprises, serving only a small number of clients at one time and requiring rather limited financial expenditures by the sponsoring agencies. The most numerous type of

facility is the workshop for the blind. However, the increase in the number of facilities during recent years has been in other types, especially the rehabilitation centers for the blind and specialized facilities for other single-disability groups.

During the past decade, several State agencies have established multi-disability rehabilitation centers. These facilities are considerably larger in size and usually require a much larger staff and, consequently, a much larger operating budget than the small single-disability centers. Because of the increasing importance of facilities of this type, several of them are described in Part II of this report.

PART II. THE OPERATION OF MULTI-DISABILITY
FACILITIES BY STATE VOCATIONAL
REHABILITATION AGENCIES

Introduction

As indicated in Part I, most of the facilities operated by State vocational rehabilitation agencies serve only a single-disability group. Among these facilities, the best established and the most numerous are those for the blind - the sheltered workshops and the adjustment-training centers.

In the last decade - roughly since Woodrow Wilson Rehabilitation Center was first established by the State Vocational Rehabilitation Division of Virginia - there has been a tremendous increase in multi-disability rehabilitation centers. Most of these have been established by private, nonprofit agencies and the State rehabilitation agencies have purchased services from them as they might purchase treatment and training services from any community agency. However, in a number of States, the public rehabilitation agency has established and operated a center, either to serve its own clients exclusively or to serve its clients along with others who might wish to purchase services. Such centers have generally emphasized the use of vocational shops for evaluation, adjustment, and training of clients - a logical development, since vocational services are usually not emphasized in rehabilitation centers operated in hospitals or on a community basis.

This part of the report describes 5 of these multi-disability centers. These 5 have not been selected because they are the best, nor even because they are typical. However, a description of them should be of interest since they are the oldest and best known of such State operated facilities. Also, since they vary considerably in size, organization and service program, they illustrate different ways of meeting the needs of State vocational rehabilitation clients.

Four of the facilities are comprehensive, offering a complete program of evaluation services plus the preparation of clients for employment, through both physical restoration and vocational training. These 4 are the centers in Virginia, West Virginia, Oklahoma, and Pennsylvania. The Woodrow Wilson Rehabilitation Center in Virginia is the prototype of this group, and the other 3 are largely patterned on it. Unlike the other 3, the center in Oklahoma is operated by a public agency other than the Division of Vocational Rehabilitation; it is operated primarily for the vocational rehabilitation division, but not by it. The center in Pennsylvania, unlike the other 3, will operate in new buildings constructed for the purpose rather than in existing buildings that were converted to rehabilitation center use.

The remaining center, the Iowa State Vocational Rehabilitation Training Center, is less comprehensive in its services. It limits its objectives to evaluation and personal-adjustment (or prevocational) training, and combines vocational activities with physical restoration. It has become solidly established and is now undergoing a substantial expansion.

WOODROW WILSON REHABILITATION CENTER FISHERSVILLE, VIRGINIA

The Woodrow Wilson Rehabilitation Center at Fishersville, Virginia, is the largest and best known of the rehabilitation centers operated by State divisions of Vocational rehabilitation. This is a multi-disability, vocationally oriented rehabilitation center; its major services are vocational training, medical services, and counseling and evaluation. Most of the 400 persons served on any given day are clients of State vocational rehabilitation agencies, although some are sent there by insurance companies or other agencies such as the Veterans Administration. Many students pay a portion of the costs of treatment, according to their financial means. About ten percent of the students in residence at any one time can be accommodated in the infirmary where complete nursing services and medical attention are available, and the remainder live in dormitories where they look after their own needs.

Organization and Management

The center is administered by the Virginia State Division of Rehabilitation. It is operated as a special facility coordinate with the Vocational Rehabilitation Service. The rehabilitation counselors in the 13 district offices throughout the State buy services from the center, paying the established fees, just as they buy services from hospitals, trade schools, and other facilities throughout the State.

Under the Division's director, the supervisor of the center carries on its daily operations. He recruits and selects employees, and recommends them for approval by the director of the Division and the State personnel office. The establishment of compensation schedules, the purchase of supplies and equipment, and the general administration of the center conform to established governmental procedures. The center finances its operations from its own revenues, and has full use of any surplus which is built up; thus, it has considerably more flexibility than if it were required to operate according to an annual line-item budget.

For more than 10 years the technical school, attended by clients of the center, was operated by the Augusta County Board of Education, and the center reimbursed the Board in full for the cost of training its clients. However, beginning in fiscal year 1959, the center and the Board will operate separate schools. As will be pointed out later, it is believed this will be mutually advantageous.

History of the Center

The physical plant of the center was originally a World War II army hospital. It was declared surplus at the end of the war, and on July 27, 1947, was given to the State. Fifty-two buildings were turned over to the State Division of Rehabilitation for use as a center, and

another large group of buildings was turned over to the Augusta County Board of Education for a consolidated high school, and for developing the area trade school which gradually became an integrated part of the rehabilitation center.

The first student was admitted on November 3, 1947. By June 30 of the following year, 68 students were enrolled. During the 1949 fiscal year the enrollment increased from 68 to 141, and during the next year from 141 to 210. By the end of the 1951 fiscal year the enrollment had exceeded 300. During recent years the daily enrollment has slowly increased, until it is now averaging nearly 400.

Physical Plant

The buildings of the center are of semi-permanent type, constructed of brick on hollow tile. Practically all are one-story and are connected by enclosed corridors. The present plant consists of 61 separate buildings, plus eight 3-bedroom cottages which were constructed last year to provide living accommodations for staff members. The typical building at the center is about 25 by 160 feet, providing approximately 4,000 square feet of space. The entire center utilizes well over 200,000 square feet of space.

Eighteen buildings are used for dormitories, each with a capacity of about 25 persons, some in single and some in double rooms. Eighteen buildings are used for the technical trade courses. Seven are used for student services, such as recreation, library, chapel, and canteen. Three are used for medical and guidance services and 5 are used for kitchen and dining room, heating, boiler room, plumbing, carpentry, and general maintenance services. The 4 remaining buildings are used for a work-experience shop for clients, a conference room, a sales room for the Virginia Crafts Guild, and office space for the dormitory counselors.

During the past year a Central Activities Building has been completed. This was an expansion and modernization project which joined together 3 separate buildings, making one integrated building having a total of 24,000 square feet. This permitted a closer and more efficient grouping of the medical services and the guidance and student personnel services. It also has made it easier for wheel chair and other severely disabled students to negotiate the distances from dormitory to treatment room, to dining hall, to classrooms. An additional improvement now under way is an addition to the Central Activities Building. Measuring 25 by 210 feet, this expansion will add 5,250 square feet for improved services in the infirmary, medical services, and guidance activities. Construction is also under way to expand the buildings now used for the general mechanics course and the upholstery course. About 2,300 square feet of space will be added to each of these buildings.

The Program of Services

The program of services to clients may be grouped into 3 principal areas: evaluation, guidance, and student personnel services; medical services; and vocational services.

Evaluation and Guidance Services

In earlier years the center did not emphasize the services of evaluation and diagnosis. This was because the center was a resource to which clients were sent for treatment and training after the vocational rehabilitation counselor in the client's home community had made a diagnostic study, selected a job objective, and developed a plan of service to be carried out by the center. Until recently, therefore, the principal responsibility of the department of guidance and student personnel services was to counsel with the client on the progress of his rehabilitation plan and on any personal problems that might adversely affect his program. It also maintained a continuing liaison with the client's home counselor, advising him of the client's problems and progress, and of any needed changes in his rehabilitation plan. This department has also been responsible for recreational and religious services.

In recent years, however, the center has been used increasingly as a specialized resource for evaluation. About 2 years ago, a new and stronger program of diagnostic evaluation was designed for those severely handicapped clients for whom the counselor in the home community is unable to arrive at a job objective and a plan of treatment and training. The period of evaluation lasts from 10 to 30 days; the evaluation procedures may involve all the professional staff of the center. The procedures include the usual medical and psychological examinations, evaluation of physical capacities, and vocational and social history, supplemented by performance evaluation in a work experience shop which was recently established to strengthen the evaluation program. In this shop the client is tried out on a succession of industrial operations and tested in reference to physical capacity, occupational aptitudes, work habits, interests, and the like.

Fourteen persons comprise the staff of the evaluation and of the guidance and student personnel departments. In addition to the director of guidance, there are 2 psychologists, 2 rehabilitation counselors, 3 dormitory counselors, 1 recreation supervisor, 1 supervisor of the work-experience shop, 1 ground patrolman, and 3 secretaries. The unpaid staff usually includes one or two student trainees in rehabilitation counseling, and a student chaplain who spends a year at the center as a part of his training for the ministry.

Medical Services

Medical services at the center include medical evaluation and supervision, physical therapy, occupational therapy, speech therapy, infirmary, laboratory, and x-ray services. The staff of the medical department includes

6 physicians who spend a fixed amount of time at the center each week. The medical director (an orthopedic surgeon) spends about one and one-half days at the center each week. The physiatrist is full-time and a general practitioner is half-time. Three additional specialists (in orthopedic surgery, general surgery, and urology) spend from one to three afternoons a week at the center. Other specialists such as ophthalmologists and dentists are available upon call, on a fee basis for services performed.

A fully equipped x-ray room and a laboratory are available. The 39-bed infirmary is staffed by 5 registered nurses, 9 nurses aides, and 7 orderlies. The purposes of the infirmary are (a) to care for the clients during a short-term illness or a flare-up in a chronic condition and (b) to care for newly admitted clients who have not yet been taught the beginning steps in activities of daily living, such as getting in and out of bed and taking care of personal needs. The center is medically equipped to handle most complications of such disabilities as paraplegia; the client is transferred to a nearby hospital if surgery is required.

The basic services in the medical department are physical therapy, occupational therapy, and speech therapy. The staff for these services includes 8 physical therapists and 2 aides, 3 occupational therapists, and 1 speech therapist. Three secretaries are employed. The physical therapy department at present utilizes about 9,000 square feet of space and the occupational therapy department about 3,000. These allotments will be somewhat increased when the expansion to the Central Activities Building is completed.

The physical therapy department is equipped with all the basic modalities, including a full range of equipment for thermotherapy and hydrotherapy. However, special emphasis is placed on the therapeutic exercise and gymnasium work. The occupational therapy department, more than in most rehabilitation centers, is slanted toward industrial activity.

The center has developed excellent medical relationships with a number of nearby institutions from which it can secure any kind of specialized consultation or medical treatment. The center is five miles west of Waynesboro, Virginia, and five miles east of Staunton, Virginia, each of which has a modern, fully-equipped hospital. The center is only 25 miles from Charlottesville, Virginia, where the Medical School Hospital of the University of Virginia is located. Excellent working arrangements are maintained with the Medical School Hospital, which usually keeps two physicians at the center as part of their residency training.

Between 65 and 75 percent of all clients admitted to the center are in need of, and obtain, physical restoration services. However, only between one-fourth and one-third of the students enrolled at any time are receiving such services. This is because the average duration of physical restoration services is between 2 and 3 months, while the average vocational training program lasts from 6 to 8 months.

The general rule is to provide all needed medical services immediately after the client's enrollment. He may be on a full-day schedule in the medical department or he may require only an hour or so in the department. The doctor prescribes the full amount of treatment indicated by the client's condition. The remainder of the client's day is devoted to vocational training, special education, work experience, and counseling. The center often starts vocational training quite early in the client's physical restoration program; for example, it is not unusual for a paraplegic, while still in the infirmary and still learning the basic steps in activities of daily living, to start attending classes on a stretcher.

Vocational Services

The principal vocational services are vocational training in the technical school, special education on either a class or tutorial basis, and on-the-job training.

The Technical School. The school has a capacity of over 500, and the average daily enrollment runs between 450 and 500. Approximately 80 percent of the students are clients of the rehabilitation center; the remainder are citizens of that area of the State who use this resource as they would any other public school. In earlier years many of the students were veterans under the sponsorship of the Veterans Administration, but this number has now declined substantially.

Training is provided in a wide range of occupations. The school consistently has employed instructors of proven ability to teach, and its graduates have successfully found jobs in line with their training. However, the school concentrates on essentials of the job, so that training courses are generally taught in a shorter time than is customary in most other schools. Every effort is made to maintain flexibility in the courses. For example, except for the business and electrical schools, which admit students once a quarter, students are admitted to the classes at any time.

Although there is no sacrifice in instructional standards, there is more flexibility than in the usual technical school in allowing students to go as far as their capacities permit, even though they might not obtain the expected standard for full proficiency. If a student cannot become a fully qualified mechanic, he learns to be a helper. These aspects of the vocational classes for the handicapped will be intensified when the center takes over the operation of its own vocational classes. It will expand the courses primarily designed for handicapped students, emphasizing flexibility of program content and sometimes covering only portions of trades to which the student's impairments limit them. The county, in its school, will proceed with the development of long-term technical courses, emphasizing a more advanced type of technical training. The fine relationship which has always existed between the center and the county will continue, and courses in each school will be available both to the clients of the center and to residents of the Shenandoah Valley area.

The following is a list of the courses now offered at the technical school. The numbers in parentheses indicate the length of the courses, in months.

Training Course (and length)

Training Course (and length)

Auto mechanics----- (12)
 Barbering----- (6)
 Body and fender repair----- (10)
 Body and fender helper----- (6)
 Business education:
 Accounting----- (9)
 Stenography-junior----- (9)
 General clerical----- (9)
 Clerk-typist----- (6)
 Cosmetology----- (6)
 Drafting----- (9)
 Electricity:
 Appliance or motor repair-- (8)
 Radio repair----- (9)
 Television repair----- (18)
 General mechanic or fix-it---- (6)

Sewing:
 General sewing (6)
 Dressmaking & ladies' tailoring (9)
 Alterations and repair----- (4)
 Weave-Bac----- (2)
 Shoe repair:
 General shoe repair----- (6)
 Orthopedic shoe work----- (15)
 Upholstery and furniture
 refinishing:
 Upholstery----- (8)
 Furniture repair and
 refinishing----- (4)
 Combined course----- (12)
 Watch repair----- (12)
 Woodworking----- (3)

A special instructor is employed to give a 6-months' course in nursing aide. This is a very popular and successful course. On-the-job training courses, usually lasting about four months, are given by the maintenance staff of the center in the following: custodian (janitor, maid, yardman, etc.); painter-beginner; plumber-helper; food server; and kitchen helper. The nursing course has a capacity of 35 trainees, and about 30 can be trained at a time in the several on-the-job courses. Work adjustment training for the development of proper work habits and attitudes is provided in the work-experience shop, which has a capacity of 20 at one time.

Special Education. Two full-time and one half-time teachers provide classroom or tutorial training in basic academic subjects, as may be needed by the students to qualify for the vocational courses. Many students enrolled at the center are so badly handicapped that their basic education has suffered, occasionally to the extent that a student is completely illiterate. These instructors are provided by the State Department of Education; their salaries are not a cost that must be paid by the center.

Per Diem Rates for Services

Per diem rates and special fees have been established for the various center services. The published schedule of fees is available upon request. The current per diem rates include \$2.00 per day (or \$2.25 per day for out-of-State students) for basic room and board. The additional amounts are for the applicable combination of evaluation and medical service, and vocational training.

The following per diem rates have been in effect since January 1, 1958:

	<u>Virginia Cases</u>	<u>Out-of-State Cases</u>
I. Students whose only major service is training----- (Rate includes tuition, room and meals, counseling service, recre- ation and social activities, general medical service, infirmary service for any illness which does not require hospitalization and which is not part of student's physical restoration program.)	\$ 3.50	\$ 4.00
II. Students receiving therapy or therapy and training----- (Rate also includes the supporting services listed above.)	6.00	6.50
III. A. Students requiring infirmary care----- (Rate also includes the services listed in Groups I and II.)	8.25	8.75
B. Students undergoing evaluation while living in dormitory----- While cared for in infirmary-----	8.25 13.00	8.75 13.50
(A concentrated period of evaluation, lasting from 10 to 17 days, and in- cluding medical and physical evalua- tion, psychological and vocational testing, counseling, and work exper- ience, if indicated.)		

A medical evaluation fee of \$15 is charged for each student entering a physical restoration program. X-rays constitute separate charges. Wheelchairs are rented for \$7.00 per month. Braces, cushions, prostheses, and other special equipment are charged for at cost. Pushers for wheelchairs (if needed) are provided at 50¢ per day. Special equipment and medication for paraplegics usually costs \$30 for a program of one to three months and \$70 for a program of four to nine months.

The Student Body

From the opening of the center through the calendar year 1957, a total of 5,294 resident students had been admitted. An all-time high enrollment on any one day was reached on January 20, 1958, when the number was 407. During 1957, a total of 1,025 persons were served by the center. Sixty-nine percent of these were from Virginia and the remaining 31 percent came from 26 other States. Seven percent came from Pennsylvania, 5 percent from Maryland, 4 percent from New Jersey, 2 percent each from Vermont, North Carolina, New York, Maine and Kentucky, and one percent each from West Virginia and Ohio. Sixteen other States sent to the center 3 percent of its students.

The Disabilities

The following list of disability categories has been compiled for the 1,025 persons served during 1957:

Bone, joint, and muscle disability (injury 85; disease 48)...	133
Spinal cord damage (injury 93; disease 30).....	123
Chronic medical disability (arrested TB, diabetes, cardiac, chronic ulceration, or similar disability).....	102
Amputee.....	100
Mental retardation.....	99
Brain damage (including hemiplegia).....	83
Poliomyelitis.....	77
Infantile cerebral palsy.....	71
Personality disorder.....	54
Speech and hearing defect.....	41
Arthritis.....	35
Epilepsy.....	28
Visual defect.....	12
Combination of above.....	22
Other disability.....	9
No record of disability (includes veterans and local persons admitted for vocational training only).....	35
Total.....	<u>1,024</u>

The center is particularly adapted to severely disabled cases, including those in wheelchairs, who need long-term treatment and training. About one-third of the average enrollment is made up of wheelchair cases. The number of the emotionally disabled, including those recently discharged from mental hospitals, has to be held to a fairly small figure so as not to overload the counseling facilities of the staff. The mentally retarded also are held to moderate numbers since the training opportunities and counseling staff are not adequate to serve as many as might be sent, if no limitations were imposed. The center does not serve blind persons.

Administration of the Center

During the spring of 1958 the center had a total staff of 149 persons. Except for the two special education teachers, all were reimbursed by the center from its operating income. Except for the 23 employees of the technical school, all were employed by the center. By departments, the staff was as follows:

Administration.....	14
Medical.....	44
Guidance.....	15
Technical School.....	23
Maintenance and operations.....	49
Miscellaneous temporary workers.....	4

The personnel in the administration unit includes the supervisor and assistant supervisor and supporting personnel for admissions, registration, student records, and fiscal operations. The personnel for maintenance and operations includes 5 employees who are assigned to the heating plant, and 4 more (a plumber, a carpenter, a painter, and an electrician) to general plant maintenance. Four employees operate the canteen. There are two drivers and one inventory clerk. The kitchen has a complement of 23 workers, including a dietician, 2 assistant dieticians, 4 cooks and 16 helpers. For general housekeeping functions there are a supervisor and 9 janitors and maids.

Operating Costs

During the fiscal year 1956-57 the center operated on a total budget of about three-fourths of a million dollars. The chief sources of the income are fees paid (a) by the Virginia Rehabilitation Service, (b) by the students themselves, or their families, (c) by divisions of vocational rehabilitation other than Virginia, and (d) by other agencies. Other sources of income are the rental of living quarters to staff and sales of the canteen and of the training shops. The center does not receive any direct public appropriation for operation.

The following summary of income and disbursements shows the trends in recent years. The totals are somewhat overstated since some of the items are gross rather than net. For example, the canteen sales are gross income, rather than net. Likewise, the income item "Other Agencies" is largely an offsetting item against the disbursements item "Reimbursable Expenses".

<u>Sources of Income</u>	<u>1952-53</u>	<u>1954-55</u>	<u>1956-57</u>
Fees:			
Virginia Rehabilitation Service...	\$113,271	\$162,240	\$256,276
Students and families.....	50,273	60,380	65,115
Other State VR agencies.....	254,077	257,666	251,835
Staff and guests.....	31,114	33,120	32,775
Reimbursements by other agencies..	150,049	93,392	75,533
Sales:			
Canteen and shops.....	39,430	53,710	73,662
Adjustment.....	-----	108	-----
Total income.....	<u>638,214</u>	<u>660,616</u>	<u>755,196</u>

Disbursements

Administration.....	\$ 29,343	\$ 40,602	\$ 50,674
Student Service.....	190,407	227,690	267,615
Maintenance and operation.....	260,749	308,701	314,561
Reimbursable expenses.....	111,919	81,461	71,309
Revenue refunds.....	2,815	2,536	2,887
Capital outlay ^{1/}	5,895	-----	44,551
Repayment of loan.....	25,000	-----	-----
Total disbursements...	<u>626,128</u>	<u>660,990</u>	<u>751,597</u>

The principal costs of the center during the fiscal year 1956-57 are grouped in three categories of Administration, Student Service, and Maintenance and Operation. The breakdown of these three groups is shown below:

Administration

Supervision.....	\$26,096
Administration and Registration.....	10,928
Business Office.....	13,650
Total, Administration.....	<u>50,674</u>

Student Service

Guidance.....	44,303
Training.....	87,386
Recreation.....	6,731
Medical.....	129,196
Total, Student Service.....	<u>267,616</u>

Maintenance and Operation

Plant maintenance.....	137,494
Dining Hall.....	133,747
Canteen.....	43,319
Total, Maintenance & Operation.	<u>314,560</u>

^{1/} Only that portion of capital outlays financed from operating income.

Most of the increase in the budget over the past 5 years has resulted from increased use of the center for Virginia cases, since the income from other State vocational rehabilitation divisions has remained about constant. However, since its total program has increased, the Virginia Rehabilitation Service has not increased materially the percentage of its total budget spent at the center. The figures below show the percentage relationships between its expenditures for the purchase of center services and its expenditures, first, for all program purposes, and second, for all purchased case services.

<u>Fiscal Year</u>	<u>Expenditures for center services as a percentage of--</u>	
	<u>All Program expenditures</u>	<u>All expenditures for purchase of services for clients</u>
1952-53	15.8	25.0
1954-55	19.9	28.5
1956-57	20.1	29.8

The counselors of the Virginia agency pay to the center nearly 30 percent of all their expenditures for the purchase of evaluation, treatment, and training. On the other hand, only between 12 and 15 percent of the clients they serve are sent there. This is logical since the clients sent to the center are more severely disabled and are given a more intensive and longer period of treatment than the ordinary client.

Capital Improvements

During its first 5 years of operation the center spent \$226,252 of State-appropriated funds for converting the buildings to center use and for gradually improving the physical plant and equipment. During its second 5 years (fiscal years 1953 through 1957) a total of \$424,761 was expended. Since 1954, increased expenditures have been possible because of the availability of Federal funds under the amended Vocational Rehabilitation Act, and it has been possible for the first time to expand, rather than merely to renovate or modernize, the existing facilities. The summary below shows the source of the funds used for capital improvements during the past 5 years.

Surplus from operational income of center.....	\$ 57,284.35
State appropriations.....	166,500.00
Federal vocational rehabilitation funds.....	<u>200,976.50</u>
Total.....	<u><u>424,760.85</u></u>

Community Relationships

An important factor in the successful operation of the center over the years has been the wholesome acceptance of the center and its student body by its neighbors, particularly the residents of Staunton and Waynesboro. They have welcomed the students into their churches, homes, and places of business. The Council of Organizations, consisting of 145 groups and clubs, has channeled the contributions of all community resources to optimum use for the students. Some have been in the form of entertainment, personal services, or thoughtful acts to make the student's stay at the center a little more pleasant. Other contributions have been monetary, providing recreational equipment which the center as a State institution could not provide for the students.

The Future of the Center

The center has continued to grow in spite of a smaller number of clients sent to it from surrounding States. Both West Virginia and Pennsylvania have developed rehabilitation centers patterned on Woodrow Wilson and as a result have reduced substantially the number of clients sent there. Despite the anticipated effect on their center, Virginia officials urged both States to develop their own centers. They foresaw that their own increasing use of the center for Virginia residents would take the place of a lessened use by neighboring States.

Since the center was established eleven years ago, many physical medicine departments have been established in hospitals throughout the State. As these departments develop, the Virginia Rehabilitation Service uses them for its clients who can be served better in their own home community. As a result, the center's medical department has not grown proportionately to the total center during the past 6 or 8 years. In the future the center will be used increasingly for long-term chronic cases and less for short-term cases, such as industrial-accident cases.

It is anticipated that the center will be expanded to serve about 500 students and that this will be its maximum size. The kitchen and the expanded dining hall already will accommodate this number. Current expansion projects will increase the capacity of the infirmary to 50 beds, and the dormitories to 450.

WEST VIRGINIA REHABILITATION CENTER AND WORKSHOP AND HOMEBOUND INDUSTRIES CENTER

During the past three years, the West Virginia Division of Vocational Rehabilitation has been operating a vocationally oriented rehabilitation center patterned on the Woodrow Wilson Rehabilitation Center, to which over the years they had sent many of their severely handicapped clients. The center was started in July 1955, when the Division obtained the use of the physical plant formerly occupied by a State school for the Negro deaf and blind. When the school was integrated with the school for the White deaf and blind, the plant became available for transfer to some other State department.

The center is located at Institute, West Virginia, about 12 miles west of Charleston. It is on a 35-acre tract adjoining West Virginia State College. This was formerly an all-Negro college but under the policy of integration the White enrollment has grown rapidly and now equals the Negro enrollment. The facilities of the nearby college offer some definite advantages. A disadvantage, however, is that the location is rather isolated and suitable living accommodations for prospective personnel are rather limited, thus creating a problem in personnel recruitment. However, it has been possible to employ adequate personnel for the operation of the center.

The facility is a multi-disability center with dormitory accommodations. All types of severely handicapped persons, including the blind, are served. The principal services are rehabilitation evaluation, physical and occupational therapy, and vocational training.

Organization of the Center

The center is an organizational unit of West Virginia's Division of Vocational Rehabilitation, and all of the center's employees are carried on the Division's payroll. A budget is established for the operation of the center, including salaries, plant upkeep, meals for clients, etc. All bills for the operation of the center are approved at Institute and sent to the fiscal unit of the Division in Charleston for payment. The center does not receive per diem fees, but it does receive small amounts of cash from time-to-time for various items. These amounts are credited to the center's account in Charleston and are available for spending until the end of the fiscal year.

The director of vocational rehabilitation makes all appointments to the center, upon the recommendations of the center supervisor. All appointments are under the State merit system. Except for service personnel (cooks, maids, etc.) all applicants must pass a written examination, and be certified by the merit system supervisor.

The Physical Plant

The plant taken over by the Division comprised 5 buildings, including an administration building, two school buildings, a gymnasium, and a four-car garage. The three-story administration building measures $38\frac{1}{2}$ by 137 feet, each of the two school buildings 38 by 75 feet, the old garage 53 by 20 feet, and the gymnasium 54 by $116\frac{1}{2}$ feet, making a total of approximately $18,325\frac{1}{2}$ square feet of gross space.

In addition to general renovation, a number of structural alterations were begun immediately to expand the capacity of the center and to increase its usefulness for the severely handicapped. Open porches at either end of the Administration Building were enclosed to provide more dormitory space, and a covered ramp, 135 feet long, was constructed to permit wheelchairs to reach its second-floor dormitories. The old garage was completely renovated to obtain more classroom space.

In July 1957, work was started on an addition to the gymnasium to increase its floor space by 16,365 square feet. When completed, this expansion will provide a net addition of 15,000 square feet of space, including 3,900 square feet for dormitories, 3,800 square feet for vocational training shops, 1,600 square feet for offices, 700 square feet for storage, and 5,000 square feet for foyers, corridors, washrooms, and the like.

At present the center has a total capacity of 90 beds - 65 in its administration building and 25 in one of the dormitories of the adjacent State college. When the expansion of the gymnasium building is completed, the total capacity will be increased to 130. The 40 new beds added by this expansion will all be for women; the remaining 90 beds will be for men. A fairly serious administrative problem has been to develop suitable dormitory space for the number of clients needed in order to employ fully the dining room facilities and staff and the space for staff instruction. The dormitory facilities are still less than ideal, both in location (for example, on the third floor of the administration building and a quarter of a mile away in the college dormitory) and in the fact that the dormitory wards (each with from 6 to 10 beds) are more crowded than desirable.

In addition to the dormitories, the administration building contains an adequate kitchen, space for a cafeteria line and a dining room to serve a maximum of 130, and an apartment for occupancy by the supervisor. It also contains single rooms to provide living quarters for the following staff members: business manager, receptionist, physical therapist, janitor, assistant cook, and the housemother. The

gymnasium building has been partitioned so that half of it is now being used for physical and occupational therapy. The remaining half, with the stage, is available for recreational purposes.

The Case Load

The first client was accepted for service in August 1955. At that time the capacity of the center was 50. In the 17-month period which ended on December 31, 1956, a total of 173 clients received services; in the 12-month period which ended on December 31, 1957, a total of 326 clients received service. During this same year, the average daily attendance was 57. On March 1, 1958, the enrollment reached 91.

All types of disabled, including the blind, have been served. In March 1958, there was a total enrollment of only 8 wheelchair cases, though the beds are so located that as many as 15 can be accommodated. This number will be larger in the future, since all of the 40 beds in the new women's dormitory will be accessible by wheelchair. A more important deterrent factor in the acceptance of cord-injury and other wheelchair cases is the lack of an infirmary service.

The Program of Services

The principal services at the center are evaluation, vocational training, and supportive physical restoration services.

Evaluation

From the beginning, the center has emphasized the importance of developing a procedure for the practical and effective evaluation of the severely handicapped clients for whom the home counselors of the Division were unable, with available community resources, to formulate rehabilitation plans. At the present time, 21 of the 90 beds are allocated to clients undergoing evaluation. Counting the occasional day students, this figure sometimes runs as high as 25.

The diagnostic process lasts a maximum of 30 days, with the average being about three weeks. Basic steps in the process include social evaluation and adjustment, psychological testing, evaluation and try-out in occupational therapy, and an organized try-out in the various shops. The psychological and medical phases are worked in as early as practicable, with the shop try-outs following. Fairly standardized procedures have been developed for the performance evaluations. In each shop, certain work tasks have been selected for testing purposes. For example, in the upholstery shop there is a short interview by the

instructor and then the client begins tearing down a stool, after which they build up and re-upholster a stool completely. The instructor has a 3-page form on which his observations and comments are recorded.

Arrangements have been made for the use of selected commercial shops for try-out purposes. In the town of Dunbar, only one mile away, clients can be tried out in floral designing, welding, filling station operation, laundry processes, and auto mechanics and body work. A try-out in watch repair can be obtained 4 miles away in South Charleston. Evaluations in commercial art can be obtained at the adjacent College. The shop owners have a set fee per instructional hour when clients are there for evaluation.

At the end of the diagnostic period, there is a team conference for the overall evaluation of the client. A written report is sent to the home counselor. Most of the clients return to their home community at the end of the evaluation, though they may remain at the center for one of the vocational training courses if the home counselor so requests.

The staff members most specifically concerned with evaluation and counseling services include 4 full-time and 3 part-time employees. The former are the assistant supervisor and coordinator of rehabilitation services, the counselor-psychologist, the vocational counselor, and the social worker. The part-time employees are the psychiatric consultant, the clinical psychologist, and the recreational supervisor. The psychiatrist gives his consultations in Charleston, but the psychologist and the recreation supervisor spend a considerable portion of each week at the center. The psychologist is employed at the adjoining State college and the recreation supervisor is a student there. The staff usually includes one student trainee in rehabilitation counseling, assigned there by the West Virginia State University.

Medical Services

Medical services were added to the program in the fall of 1957 when a physical therapist and an occupational therapist were employed. They work under the supervision of an orthopedic surgeon who has served as the Division's principal medical consultant for a number of years. This consultant visits the center one morning each week, at which time there is an amputee clinic, attended also by a limb maker. The consultant also examines all orthopedic cases and directs and supervises the work of the therapists. There is no provision for general medical evaluation and supervision of the general run of cases sent to the center for evaluation or training. Of course, the clients receive complete examinations before they are sent to the center, and the results are included in the medical records which are available to the center staff.

After additional space becomes available, a total of 10 beds will be reserved for clients whose primary need is for physical therapy. In addition to its work in limb fitting and gait training, the physical therapy unit provides supportive service for clients who come to the center for evaluation or vocational training. Two rooms are available for the unit. One room is used for therapeutic exercises, while the other is equipped with a doctor's office and examining room, treatment cubicles, and basic equipment for thermotherapy and hydrotherapy. The unit has a daily capacity of about 20 clients.

The occupational therapy unit functions primarily in the area of vocational evaluation. Each "evaluation" client is scheduled in occupational therapy at some time during his evaluation period, the amount of time depending upon physical capacities and previous training and experience. This unit also has responsibilities in activities of daily living, and in the fitting of upper extremity amputees. There is no speech therapy at present.

A current deficiency is the lack of an adequate infirmary service. West Virginia State College operates an infirmary located only 50 yards from the center's principal treatment building, but only minor medications for ambulatory patients can be obtained there. Clients needing hospitalization for complications of their disability or for inter-current illnesses are sent to a nearby hospital. Arrangements are in effect both with the hospital and with nearby physicians whereby immediate medical service can be obtained.

Vocational Training

The four principal training areas - the ones for which full-time instructors are employed - are commercial work, shoe repair, upholstery, furniture refinishing and repair; small appliances, radio and television repair and installation. The capacity of these courses, respectively, is 20, 14, 12, and 12.

The commercial course includes shorthand, typing, business English, letter writing, bookkeeping, and office practice. The length is 12 months. The shoe repair course prepares clients in 9 months for employment as a general shoe repairman. The upholstery course which lasts 9 months, includes basic preparation in furniture refinishing and repair and prepares the client for employment either in an established upholstery shop or in a furniture factory. The radio and television repair course also lasts 9 months, includes some training in the repair of small appliances, and prepares the client for work as a general service man in a sales and service agency.

Five additional clients can be trained in on-the-job activities. Two of these are in plant maintenance, two in housekeeping, and one in kitchen work. A portion of one of the classroom buildings is fitted out as a small woodworking department which is available for the training in general maintenance; the length of this course depends upon the individual. The housekeeping course lasts four months, and the kitchen, dining room, and cafeteria course lasts six months.

An instructor in sewing, alterations, and pressing is employed on a part-time basis. This course has a capacity of six trainees, with the center providing the instructional facilities at his private shop. This is the only place in the State where such training can be obtained.

Upon completion of the expanded gymnasium building, the training stations will be increased from 69 to 100. There will be 15 training stations in the new course, in drafting and blueprint reading, and the capacity of the radio and television repair course will be increased by four and the commercial class by two. A new training course and evaluation unit is to be added by establishing a work experience shop with the main emphasis on the training of the mentally retarded and others in actual work experience. It is expected to have an enrollment of 10 or more.

All training courses are adapted maximally to the needs of handicapped students. Students can enroll in any of the classes at any time.

Administration of the Center

During the spring of 1958, a total of 26 persons were employed to operate the center. These are indicated below:

<u>Full-time Employees</u>		<u>Part-time Employees</u>
Supervisor	Housemother	Medical consultant
Ass't supervisor and coordinator of services	Stenographers (3)	Psychiatric consultant
Counselor-psychologist	Instructors (4)	Clinical psychologist
Vocational counselor	Supervisor of	Recreation supervisor
Social Worker	Bldgs. & grounds	Evaluation instructor
Physical therapist	Janitor	(arts and crafts)
Occupational therapist	Janitor-maid	
Business manager-housefather	Cook	
	Asst. Cook	
	Kitchen helper	

There has been no particular difficulty in obtaining personnel to staff the facility. Staff turnover, however, has been rather high, primarily because of unsatisfactory living conditions in the locality.

The first three years have been difficult ones, primarily because of the necessity for renovating and converting the physical plant while at the same time developing a service program suited both to the clients and to the counselors who need help with their caseloads. The plumbing and heating system, for example, has caused trouble, and these have received special attention as the plant has been modernized and expanded.

For some years the State Division has had legislative authority to operate a rehabilitation center and sheltered workshops. Substantive legislation was enacted in 1951 to permit this type of operation.

Finances

During the six months ending December 31, 1957, the Division spent a total of \$51,607.25 in operating the center. These expenditures were as follows:

Training

Upholstery, shoe repair, commercial, & Radio-TV.....	\$11,866.42
Other training costs.....	244.90
	<u>\$12,111.32</u>

Maintenance

Feeding (Total of 31,635 meals).....	\$16,082.89
Dormitory.....	1,932.38
Client maintenance (\$2 per week per client, for incidental expenses).....	1,409.33
	<u>\$19,424.60</u>

Diagnosis\$15,785.37

Treatment

Occupational therapy.....	\$ 1,162.93
Physical therapy.....	3,123.03
	<u>\$ 4,285.96</u>

Total operational costs... \$51,607.25

During this 6-month period, the average per diem costs of all clients sent to the center was \$5.28. Overall costs for clients in the evaluation program was \$7.83 per day; for those in training it was \$3.70. The therapy units are too new to permit the calculation of per diem costs for clients receiving these services.

The budget for the operation of the center during the 1958 fiscal year was \$117,314. This represented 14.7 percent of the \$677,732 which the Division had budgeted for the purchase of all case services for clients, and 7.8 percent of its total budget of \$1,502,091 for all program purposes. For the 1958 fiscal year, the Division received a general appropriation of \$420,900 and a special State appropriation of \$100,000 for the operation of the center. These State funds earned a total Federal allotment of \$981,191. The counselors send about two percent of their active cases to the center.

Capital Improvements - During the first two years of operation capital expenditures were used for the basic alterations and equipment necessary to convert the facility and to begin operations. The principal projects were the closing in of open porches at each end of the Administration Building, the ramp for wheelchair access to the second floor of the Administration Building and the conversion of the old garage into an upholstery shop and storage room. Expenditures for these purposes totaled \$23,453 in fiscal 1956, and \$22,989.34 in fiscal 1957. These improvements were financed with Federal and State funds under section 3 of the Vocational Rehabilitation Act.

For fiscal year 1958, capital expenditures are expected to total \$230,833.72. This includes \$215,362 for expanding the gymnasium, plus the costs of architect's fees and minimum basic equipment for the new space. In fiscal year 1959, between 40 and 50 thousand dollars will be available for expanding the kitchen and dining room and possibly adding a few additional shops or therapy rooms.

The Value of the Center

The first three years of operation have been marked by (a) renovating and equipping the physical plant to make it suitable for use of a rehabilitation center, (b) substantially expanding the physical facilities, and (c) developing an effective and coordinated program of services. It is natural, with so much undertaken in so short a time, that there would have been serious problems. But the problems have been solved and great progress has been made. With the increased volume of cases served, the per diem costs per trainee have been brought down. There will be further improvements in this area when the further expansion is effected.

Future plans call for continued operation with a capacity of 130 clients. Future plans also include possible establishment of a sheltered workshop for the blind and severely disabled, expansion of the

diagnostic and training areas, and further improvement of the physical plant. It is considered that results to date offer ample justification for the further expansion of the center.

Although considerable emphasis has been placed upon expanding the training and therapy programs, the primary function of the center will continue to be its work as a vocationally oriented evaluation program. The director feels that the work of the center in this area to date has been an unqualified success. He reports that the evaluations are much superior to those formerly obtained when clients were sent to out-of-State centers that were not familiar with West Virginia problems and possibilities.

In the area of public information, according to the Director, the center has already been very useful in explaining the purposes and demonstrating the value of the vocational rehabilitation program. It is useful also in providing a clinical laboratory where disabled clients of the Division can be brought together for staff training purposes. New counselors especially can get training there in the possibilities of rehabilitation programs for the severely handicapped.

THE REHABILITATION CENTER AT OKMULGEE, OKLAHOMA

The Rehabilitation Center at Okmulgee, Oklahoma is not operated by the State division of vocational rehabilitation, but was established and is still being operated primarily for State vocational rehabilitation divisions. It is a multi-disability center with in-patient accommodations, operated in connection with a large technical school with residential facilities.

The school of Technical Training at Okmulgee began operations in 1946 when Oklahoma State University obtained title from the Federal Government to a large group of buildings which had been used during the war as an army hospital. In 1951, the State director of vocational rehabilitation requested the school to set aside a portion of its plant for the establishment of a rehabilitation center which would serve disabled persons sent to it by the division of vocational rehabilitation. The director of the school with the active cooperation of the director of vocational rehabilitation, made the necessary clearances, discussed the project with the State medical society and others, and employed necessary professional personnel. The center began operations in August 1951.

Organization and Management

The center is an organizational unit of the school of technical training which in turn operates under the aegis of its "mother institution," Oklahoma State University. The center's medical director and the administrative assistant are in charge of the program of services for patients. The director of the school is responsible, in line with usual procedures of the State government, for the selection and appointment of personnel. The technical school provides to the center most of its non-professional services, such as building maintenance, food services, bookkeeping, and fiscal services. The center is billed on a pro rata basis for the cost of these services.

Since the center was developed for the primary purpose of serving its clients, the vocational rehabilitation division guaranteed the financial support necessary for successful operations. During the early years of the center, the needs of the Division were a primary consideration in selecting the center staff and developing its service program. A great deal of thought and attention was given to the development of an effective working relationship with the Division. As the center has expanded its operations and begun to serve clients, other than those referred by the Oklahoma Division of Vocational Rehabilitation, its relationship to the Division has ceased to have its former overriding importance.

The Physical Plant

The plant operated by the center consists of 9 buildings, each measuring about 30 by 125 feet, or a total of about 24,680 square feet of gross space. Three buildings are used for patients' living quarters, 2 for physical therapy, 1 for occupational therapy, 1 for recreational purposes, 1 for clinic and storage, and 1 for administrative office and patients' dining room. Space is no problem, and in general the facilities are well adapted to center needs.

Two of the dormitory wards are used for women and one for men. One dormitory is for women who are dependent on nursing care, and the other for independent women. The men's dormitory will soon be increased by 2,000 square feet; this will permit the addition of 30 beds for men who are dependent on nursing care. At the present time the total bed capacity is 66. Of these, 8 beds are in private rooms in the infirmary, 17 in private or semi-private rooms in the dormitory buildings, and 49 in 3 wards. Adjoining each dormitory ward is a large sun parlor for patients' use.

The center's dining room is large enough for its own patients. It has facilities also for keeping warm the food it receives from the main kitchen of the technical school, and for serving it to the patients. Some of the patients of the center live, not in the center's own dormitories, but in the residential dormitories of the technical school. These are classified as out-patients by the center. Center patients use various facilities of the school, including the small infirmary, the library, chapel, and recreational facilities.

Services and Staff

The principal services of the center are physical and occupational therapy, medical evaluation and supervision, nursing care, vocational counseling, and a limited amount of speech therapy. The evaluation program consists primarily of a medically directed evaluation of functional capacities and potentialities, supplemented by the social and psychological data that can be provided by a rehabilitation counselor. Also, a client under evaluation can go successively into various training shops to test his aptitudes and interest in various vocational activities. Plans are now under way to add social services and clinical psychology to the center staff, particularly in order to strengthen the evaluation services which is considered to have been perhaps the weakest phase of the center's program.

For most of its patients, the center provides a full-day program. However, as their physical restoration program continues, many clients take training in the technical school on a half-time or three-fourths time basis. For example, on April 4, 1958, the center had an enrollment of 55 patients. Of these, 30 were full-day patients, and 25 were part-time at the center while taking training on either a half or three-fourths time basis. The trend is for an increasing number to start a training program while still in treatment at the center; the percentage now so enrolled is larger than at any time in the past.

The professional services at the center are in charge of a medical director (a physiatrist) who is now employed on a 3 day-a-week basis. After July 1, 1958, he will become full-time. At present the center has no medical consultants on its staff, but it is planned after July 1, 1958, to employ consultants in neurology, urology, and orthopedics will be available for clinics which will be held at the center as needed.

The center shares the cost of a general practitioner who provides general student health services to both center patients and technical school students. The center provides his nurse also. The 8-bed infirmary is under his supervision.

In addition to the medical personnel mentioned above, the following is the normal complement of personnel for providing the basic services of the center: 3 physical therapists (1 is half-time); 1 physical therapy aide; 1 occupational therapist (position now vacant); 1 occupational therapy aide; 1 staff nurse, and 1 A.D.L. nurse; 15 nurses aides and orderlies; 1 speech pathologist (one day a month); and a speech therapist and speech therapy student each on a one-day-a-week basis. There are two vocational counselors, one provided by the Oklahoma Division of Vocational Rehabilitation for its clients and the other by the technical school for all handicapped students and clients other than those sponsored by the Oklahoma Division of Vocational Rehabilitation.

Coordination services are provided by a half-time administrative assistant, who also works half-time as a physical therapist. There are 2 full-time secretaries. Fiscal and general administration services are provided by the technical school.

The Technical School

The technical school is a residential facility which provides more than 1,100 students with intensive training in specialized vocational fields. The courses are thorough and are set up to enable

the graduates to meet the strictest requirements of employers throughout the State. Advisory committees from industry are widely used in establishing instructional standards.

An exceptionally wide range of courses is available, as indicated by the list below:

Division of Industrial Trades

- Auto body metal and painting
- Auto Mechanics
- Auto trim
- Cabinet making
- Carpentry
- Diesel Mechanics
 - Diesel starting systems
 - Diesel fuel injection
- Drafting
 - Architectural drafting
 - Machine drafting
 - Map drafting
 - Piping drafting
 - Structural drafting
 - Engineering aide
- Dry cleaning
- Electricity
 - Electrical appliance repair
 - Industrial electrical maintenance
 - Electrical maintenance
 - Electrical motor repair
- Furniture Upholstery
- Laundry
- Plumbing
- Printing (letterpress)
- Printing (lithography)
- Radio, TV & industrial electronics
- Refrigeration, air conditioning and heating service
- Shoe rebuilding, boot and saddle making
- Watch and jewelry repair

Division of Agriculture

- General farming
- Dairy ~~management~~
- Poultry production
- Greenhouse management
- Nursery
- Farm machinery and tractor repair
- Division of Food Trades
 - Bakery
 - Culinary trades
- Division of Commerce
 - Accounting
 - Bookkeeping
 - Commercial art & advertising
 - Poster art & silk screen printing
 - PBX switchboard operation
- Retailing
- Lumber retailing
- Secretarial
- Stenographic

The school operates the year round, with courses organized into semesters that last 16 weeks. Most courses run for 6 semesters, though a few are given in 4 or 5 semesters. A number of sub-courses within a general area of training are given in 2 or 3 semesters. A wide variety

of related subjects are offered. The average student spends 4 hours a day in shop work and 2 hours in related subjects.

The school occupies a total of 94 steam-heated buildings, all of them connected with enclosed corridors and accessible by wheelchair from any part of the facility. Twenty buildings are used as dormitories for single men, housing 400 students. There is one girl's dormitory with a capacity of 28 girls. Twenty-one buildings provide 152 two, three, and four-room apartments.

Tuition for Oklahoma residents who carry a full schedule is \$145 per semester. Dormitory rooms are rented for about \$12 per month, and meals can be obtained from the school cafeteria for about \$2.00 a day. Small furnished apartments are available for married students at a modest cost. Out-of-State students pay a non-resident tuition fee of \$100 per semester. A part-time student such as a rehabilitation-center patient who is in school only half time pays a proportionately smaller tuition fee. An out-of-State center patient who takes 4 hours or less of vocational training is not required to pay a non-resident tuition fee.

The school is extensively used by handicapped students, possibly one-fourth of the total being handicapped. In January 1958, the Oklahoma Division of Vocational Rehabilitation enrolled 117 students at the school and other State divisions enrolled 40 more. Handicapped veterans numbered between 110 and 120. Other handicapped students attend without agency sponsorship. Although the physical facilities are especially suited to the handicapped, the vocational courses may in some instances require such capacity that the client whose handicap is so severe as to have prevented his normal school achievement may not profit by the training. Some consideration is being given to the development of "core courses" that would be open to persons with less scholastic background.

Case Load of the Center

Although the center has a capacity of about 60 in-patients and 40 out-patients, its average enrollment during the first 11 weeks of 1958 was 58, the range being from 55 to 60. The average enrollment of 58 patients included 36 in-patients and 22 out-patients. On the average, 42 were men and 16 women. All racial groups are enrolled.

On April 4, 1958, the 56 patients then enrolled were classified as follows, according to disability:

Paraplegia..... 16
 Poliomyelitis..... 12
 Hemiplegia..... 7
 Arthritis..... 5
 Post-operative..... 3
 Cerebral palsy..... 2
 Quadriplegia..... 2
 Fibrositis..... 2

Multiple sclerosis..... 1
 Amputee..... 1
 Spina bifida..... 1
 Tendon transplant..... 1
 Friedrich's ataxia..... 1
 Burn..... 1
 Compression fracture
 (dorsal)..... 1

56

Cord-injury cases have consistently been the largest single disability group. However, the center usually holds this group to one-third of the total so as to not overtax the nursing and therapy staff.

The average length of treatment at the center is 46 days.

During its early years the center received all of its referrals from the Oklahoma Division of Vocational Rehabilitation, but referrals from other sources are now increasing, and a smaller percentage come from the Division. In fiscal year 1955, the Division sponsored 103 clients at the center; these were 4.4 percent of the total number of clients it served that year. In the next two fiscal years, the number and corresponding percentage were as follows: 1956 - 79 or 2.2 percent; and 1957 - 88 or 2.2 percent.

During March 1958, the center served a total of 62 patients. Twenty of these were sponsored by the Oklahoma Division of Vocational Rehabilitation, and 22 by other State divisions. Most of the out-of-State cases come from the neighboring States of Kansas and Arkansas, with a smaller number from Missouri, South Dakota, Iowa, New Mexico, Texas, and others. In addition to the 42 cases referred by the State agencies, 3 had been referred by insurance companies, 3 by the National Foundation of Infantile Paralysis, 1 by the Veterans Administration, and one by the Oklahoma Crippled Childrens' Commission. Twelve were private patients.

Financing the Center

The sole source of support of the center is the fees it receives for its patient services. The per diem charge for therapy is \$2.25 for a quarter day, \$4.08 for a half day, and \$8.16 for a full day; in-patients pay an additional \$4.10 per day for room and board. The total billings of the center during fiscal year 1958 are expected to total about \$125,000. During the 3 fiscal years 1955 to 1957 the annual income was \$94,000, \$128,000 and \$119,000.

When it promoted the establishment of the center in the summer of 1951, the Oklahoma Division of Vocational Rehabilitation agreed to purchase services from the center at cost and to provide enough business for the center to pay its way. To this end, the Division agreed to buy, if necessary, as much as \$100,000 of services per year. During the center's first year of operation (fiscal year 1952) the Division paid it \$35,594 in fees. The next year its payments increased to \$58,997. Since then its payments have gradually declined, as other agencies have begun using the center. In fiscal 1957, it paid a total of \$43,427 to the center. These are payments to the center alone, and do not include the costs of keeping a hundred or so students in training at the technical school.

In the 3 fiscal years 1953 to 1955 the Oklahoma Division paid to the center 11 percent of its total budget for purchased case services. More recently the division's budget for case services has increased, while its expenditures at the center have declined, so that its payments to the center now total only 6 percent of the total. Payments to the center equal only 4 percent of its total budget for all purposes. The State agency establishes each year a separate budget item for expenditures at the center. This figure is made known to the center, thus enabling it to anticipate its probable caseload and to employ staff accordingly.

THE REHABILITATION CENTER
Johnstown, Pennsylvania

Construction is now nearing completion on a new rehabilitation center which is being established in Johnstown, Pennsylvania, by the State Bureau of Vocational Rehabilitation. This is to be a multi-disability, vocationally oriented center, providing a program of service similar to those provided at Woodrow Wilson Rehabilitation Center during the past decade. The center is being constructed entirely by means of State appropriated funds and will be operated primarily as a service facility for clients of the State vocational rehabilitation agencies. ^{1/} It will be administered as one unit of the State of Pennsylvania's Bureau of Vocational Rehabilitation.

Approval for construction and operation of the facility was obtained in November 1954 and construction was begun in February 1956. The target date for beginning service to clients is January 1, 1959. Equipment is now being ordered and a supervisory staff is being recruited.

The Physical Facilities

The new center will be located approximately four miles from Johnstown, Pennsylvania, a city of about 75,000 which has two large, modern hospitals with attendant medical specialists, and also has ample residential accommodations for the center's employees, clients, and visitors. The city has an airport and is on the main line of the Pennsylvania Railroad.

The buildings of the center will occupy 25 acres of a 50-acre plot which was purchased by the community for the purpose. All buildings are of permanent masonry construction. They were designed with the needs of the disabled in mind. The guidance and treatment areas are in the center, with administrative offices and recreational areas close by. Six large dormitories and the infirmary are off to the right, the cafeteria, kitchen and maintenance shops are to the rear, and the vocational training shops are to the left-rear.

The total structure will contain approximately 314,129 square feet, divided as follows:

The six (6) dormitory areas.....	73,699
The vocational shops and cooks and bakers school...	56,878
Infirmary, functional therapy, occupational therapy, and physical therapy areas.....	46,625
Recreation areas, including auditorium, swimming pool, and social areas.....	42,825
Administration areas and main lounge.....	21,125
Kitchen, dining area, and staff dining area.....	15,850
Maintenance shops, general storage and miscellaneous areas.....	43,583
Boiler house.....	<u>13,544</u>
	314,129

^{1/} Subsequent to the preparation of this material a Hill-Burton grant in the amount of \$172,063 was made available for the purchase of equipment.

Training areas and number of staff planned for the department of vocational training are indicated below:

<u>Training Area</u>	<u>Number of Staff</u>
Bookkeeping and office practice	1
Business English, shorthand and typing	2
Distributive education	1
Radio and television repair	1
Drafting	1
General mechanics repair	2
Motor rewinding and appliance repair	1
Watch repair	1
Cabinet making	1
Arts and crafts	
instructor-designers	2
instructors	2
Upholstering	1
Sewing	2
Tailoring	1
Shoe repair	1
Cooks and bakers school	1

The department of evaluation, guidance, and student personnel services will be staffed by a supervisor and about 19 professional workers. These will include 5 rehabilitation counselors, 2 psychologists, 2 social workers, 2 recreation specialists, 6 dormitory counselors, 1 librarian and 1 placement officer. The key members of the guidance department will be the 5 counselors. Every client admitted to the center will be assigned to one of these counselors. The counselor will be the client's contact for solving any problem affecting his stay at the center or the progress of his rehabilitation plan. No matter what his problem, the client can secure help from or through his counselor.

There will be a department of service operations. The business administrator in charge of the department will have 6 service units: business, office, dietary (kitchen-cafeteria), laundry, building maintenance, and house-keeping. The total of the department will include about 65 persons.

The Student Body

Plans are being made to open the center with 300 clients. Steps already are being taken to train the counselors in the selection of clients that can best benefit from the center's program. Since the Bureau now has more than 100 counselors, the average counselor will need to refer only three cases to the center to start its operations.. If 300 cases are kept in the center continuously, this will be only 2.6 per cent of the Bureau's total caseload of 11,500.

During its first several months of operation, the center will serve only the cases of the Pennsylvania Bureau of Vocational Rehabilitation. Later it expects to admit clients from other State divisions of vocational rehabilitation and from other agencies, such as the State workmen's compensation agency and insurance companies.

The cost of the physical plant, including land and such items as architects' fees and landscaping, will total approximately \$8,000,000. An additional \$500,000 will be expended for equipment. The entire cost has been met by State appropriation with the exception of the land which was donated.

The center will have a capacity of 348 resident clients, including the infirmary. Perhaps as many as 50 more will be serviced on an out-patient basis. There will be six dormitories, four for men and two for women. Each dormitory has 10 double and 30 single rooms, with a total of 50 beds. Each dormitory has a lounge, a porch and a small apartment for the dormitory counselor. The individual rooms are especially designed for the convenience of handicapped persons. The lighting will be good, study desks and closets will be built in, and each room will have a toilet and wash bowl.

The infirmary will consist of twelve 4-bed wards. Supporting areas include a patient dining room and an x-ray room, a dispensary, a laboratory, physicians' examining rooms, a dental unit, a nurses' lounge, and a drug and sterilizing unit. The main cafeteria will accommodate over 400 at one time.

The Program of Services

The proposed service program can be best described in terms of the duties of the approximately 160 persons who will comprise the staff of the center. According to the center personnel chart, there will be four divisions under the direction of the administrator.

The department of medical services will be under the direction of 3 full-time physicians, one of whom will serve as medical administrator. Under them will be a staff of 10 physical therapists and from 5 to 8 occupational therapists. A full-time physician (internist) will be in charge of the infirmary and the staff of 6 nurses, 10 ward attendants, 1 dentist, 1 x-ray technician, and 1 laboratory technician. Appropriate medical consultants, a speech therapist, and the necessary clerical assistants will round out the staff of the medical department.

The department of vocational training will be supervised by a director of vocational education and will offer about 30 different courses. According to present plans the director will have a staff of 21 instructors.

The vocational training courses will be very similar to those provided at Woodrow Wilson Rehabilitation Center. As there, most of the courses taught will be from 6 to 12 month' duration. Both the broad areas of training and the specific content of the courses will be adapted as needed to the special requirements of the severely handicapped. Special emphasis will be given to the area of arts and crafts because of the needs of the homebound and other severely handicapped. The training in distributive education will include training to prepare handicapped students for self-employment in their own small business enterprises.

Financing the Center

It is anticipated that the operational budget of the center will total about \$1,000,000 a year. Per diem rates will be set at a figure to cover the full operating costs. If an average daily enrollment of 300 is maintained, a per diem rate of \$10 will bring in \$3,000 per day or a little over \$1,000,000 in a 48-week year. Obviously, these figures are only estimates, since the center has yet to work out its operational schedules and operating budgets.

Although the Bureau does not intend to use the center exclusively for its own clients, it could easily do so. In a State with a population of over 11,000,000 the State agency will spend (in fiscal 1959) over \$5,300,000 for all program purposes and a total of \$3,914,000 for the purchase of case services for clients. Hence, if we assume that three-fourths of the center's operating income (or \$750,000) will be obtained from Pennsylvania rehabilitation clients, the Bureau will pay to the center less than 15 per cent of its total budget and less than 20 per cent of its total case-services budget.

Much of the money to be spent at its own center will be diverted from other types of expenditures. For example, the State agency will send to its own center the considerable volume of cases which in the past it has sent to Woodrow Wilson Rehabilitation Center. Also, it will be able to provide physical restoration services to many clients who in the past have been sent to hospitals. Of course, the Bureau will continue to sponsor clients for physical restoration services in hospitals throughout the State, but it is anticipated that the stay in the more expensive hospital environments will be shortened as clients are more quickly moved out of the hospital in order to take the "finishing off" phase of their treatments at the rehabilitation center.

IOWA STATE VOCATIONAL REHABILITATION TRAINING CENTER

For the past six years the Iowa Division of Vocational Rehabilitation has been operating in Des Moines an evaluation and pre-vocational training center, the overall administration of which is in charge of the Division's assistant Director. All cases served are Division clients, and the service program concentrates on those services best designed (1) to assist the counselors in developing a suitable rehabilitation plan for their clients and (2) to assist the severely handicapped clients of the Division to take the first steps in achieving productive activity. It is a multi-disability center. Dormitory accommodations are provided for about one-fourth of the average enrollment. A major expansion of the facility is now under way.

Physical Plant

The center is located at 1029 Des Moines Street, in Des Moines, Iowa, within one block of the State Capitol and adjacent to other State office buildings. It is accessible to clients by public transportation and is located one mile from the central office of the Division.

The plant now being used consists of 3 frame buildings, 2 of which were designed as residences and the third probably was a carriage house for one of the buildings. The 2 three-story residential buildings measure about 30 by 60 feet. The third building is only one story, and measures 20 by 20. These provide a total gross area of 9,985 square feet. Two thousand square feet are basement areas that are used primarily for storage. One building serves as a dormitory for approximately 10 women. The other 2 are used for instructional and administrative purposes.

Now in process of completion is a 2-story brick building which will add 18,614 square feet of space. The new space expands one of the existing buildings and connects with another, so that the entire property becomes one integrated building with greatly improved accessibility for clients and staff to all areas of the facility. The elevator in the new building goes to the basement from which a tunnel connects with the basement area of the adjoining building. When the expansion is completed, about 4,600 square feet of additional space will be available for training activities and about that amount for kitchen, dining, lounge, offices, and rest rooms. The second floor will provide 11 rooms (for 22 clients), a housemother's apartment, and a large unfinished area which will be used for the present as a recreational area, but will be developed in the future for additional dormitory or service areas.

The Service Program

Training Services -All services provided at the training center, other than evaluation and counseling, are considered to be personal adjustment training, and are classified in 5 categories, which are defined as follows:

Personal Adjustment Training #1. This service provides muscle re-education, ambulation training, and general personal conditioning to improve employability. This includes instruction in the use of lower extremity prosthesis. A qualified physical therapist is employed for this training.

Personal Adjustment Training #2. These are designed to improve the functions and increase work activity through upper extremity muscle re-education, training in arm and hand appliance usage, self-care, and daily living activities. A qualified occupational therapist is engaged for this training.

Personal Adjustment Training #3.- Recreational Therapy. This includes community excursions, film showings, games, social activities, development of hobbies and leisure-time activities for improving social adjustment. A qualified rehabilitation counselor is engaged for this training.

Personal Adjustment Training #4. This includes special speech training and correction, lip reading, auditory training, remedial work in reading and mathematics. A qualified speech therapist and instructor is engaged for this training.

Personal Adjustment Training #5. This training is designed to provide activities which are exploratory rather than specifically vocational in nature. Each trainee is tried out in any or all of the available areas of training to determine his best possibility for paid employment. The activities are planned so that they may acquaint the client with the world of work and help him to develop the work attitudes and habits essential to a good vocational adjustment. In some instances the training may provide skills that lead directly to employment. Training is provided in each of the following areas:

1. Commercial - including typing, office machines, bookkeeping, filing, and penmanship.
2. Graphic and Applied Arts - including design and color, free hand lettering, weaving and ceramics.
3. Industrial Arts - including woodwork, electricity, radio and television repair, metal work, tool sharpening, watch and clock repair, motor mechanics, furniture upholstery, and drafting.
4. Sewing and Hand Skills - including general sewing, alterations, and repair, and use of different types of electric sewing machines.

The prevocational training activities listed above are carried on in essentially the same way as vocational training. The instructors are fully qualified to provide a high-level vocational course, but as a rule they do not spend enough time with the clients to go beyond the prevocational phase. The instructors are not primarily concerned with the teaching of specific vocational skills; they are strongly oriented toward the evaluation of general aptitudes. To illustrate this orientation, the case is cited of a client being evaluated in the graphic arts shop. It was found that the client, while having no artistic talent, did have space perception. Hence, he was eventually placed with a moving-and-storage company, his job being to estimate and direct the packing or storage of furniture in vans or in storage spaces.

The training day is divided into 6 periods of one hour and 15 minutes each. The typical schedule for each trainee is to spend one or two periods a day in physical training (occupational or physical therapy) and the remaining 4 or 5 periods in 3 or 4 different areas of vocational activity. Each instructor works with only about 8 trainees during a period, and therefore has an opportunity for individual instruction and observation. The length of the client's program is usually between 10 and 14 weeks; a few may complete their evaluation in much less time and others, especially if vocational training is appropriate, may stay considerably longer. The amputee cases often stay no more than 3 to 4 weeks, if the disability is such that the client can return to his former employment.

The training Center operates, at the Goodwill Industries of Des Moines, a "half-way shop" where their trainees can be provided with experience in a work setting. The shop functions as a bridge between the evaluation services at the center and competitive employment. The Goodwill organization provides the work setting, the work contracts, the equipment and the pay. The center provides an instructor-foreman, who supervises the work and reports to the center on the progress of the client. The shop has a capacity of 9 workers at a time, and the hourly pay ranges from 30 to 50 cents per hour. Eight weeks is the usual period of employment. This period is considered a training and adjustment experience. The clients are in a work atmosphere which is controlled and maintained, where provision is made for varying the psycho-social and work factors, and where intensive supervision is continually available.

Staff. The training center is staffed by a total of 25 workers, full-time or part-time. The basic full-time staff of the center includes a supervisor, 2 counselors, 2 physical therapists, 1 occupational therapist, and 2 secretaries.

The following part-time staff are provided to the center by the Division on a regularly scheduled basis: assistant director, medical consultant, orthopedic consultant, psychiatric consultant, and psychologist.

A housemother, a cook, and a kitchen-dormitory helper are employed full-time in the dormitory.

The prevocational training activities are carried on by a staff of instructors who are employed on a contract basis. Full-time instructors are

Available for commercial, graphic arts, and industrial skills activities. The sewing activities are handled by a woman (sewing) who works 3 days a week, and a man (alterations and repair) who works 2 days a week. An instructor in book-keeping works 12 hours a week. The speech therapist works 20 hours a week. The supervisor of the "half-way shop" is full-time. The availability of part-time staff, paid on an hourly basis, has been an important factor in providing diversified vocational activities without unduly increasing unit costs.

Coordination of Services. Clients are admitted to the center upon referral by the Division's field counselors, after they have obtained medical diagnoses and made a preliminary investigation. At the center, the case is screened by a team consisting of the Division's medical consultant, assistant director of the Division, center supervisor, psychologist, physical therapist, occupational therapist, and field counselor. The client's progress at the center is reviewed by an evaluation team at the end of 2 weeks and at the end of each 3-week period thereafter. The evaluation team meets each Friday afternoon; its composition is somewhat different from that of the screening committee. The psychiatric consultant replaces the general medical consultant, the center counselor replaces the field counselor, and appropriate instructors are added to the team.

The amputee and ambulation team is composed of the orthopedic consultant, the prosthetists (representatives of artificial limb manufacturers), physical therapist, occupational therapist, assistant director of the Division, center supervisor, and field counselor. In addition to developing the prescription for an artificial appliance, the team also checks the completed appliance for fit and functional use, as well as supervising the actual training in the use of the prosthesis. This team meets once each week to provide evaluation services for persons with amputations. From 5 to 8 cases are usually examined, evaluated, and prescribed for at each weekly meeting.

The Case Load

The maximum capacity of the center at present is about 48 persons. This would be about 8 persons in each of the 4 areas of vocational activity and the same number in physical therapy and in occupational therapy. This level of operation requires a very concentrated use of available space and equipment. When the current expansion is completed, the total capacity will be increased to about 80, with much more adequate space for training activities. There will be 22 beds in the new area and 12 in the present dormitory. Places in outside residences will be found for about 46. The center has been reasonably successful in finding outside accommodations for its clients. The landlady of a house immediately across the street uses her entire facilities for center clients. Two or 3 nursing homes which employ practical nurses have also been extensively used. In such instances, transportation of the clients to the center is usually by taxi.

Number of cases served. From July 1, 1951 to June 30, 1957, a total of 786 cases was served at the center. During the first 5 years of operation an average of 114 cases per year was admitted; during fiscal 1957, the center admitted 214. Average daily enrollments during the first 3 years ranged from

8 to 25. It has steadily increased during the past 3 years: in 1955-56, the daily enrollment at the end of the week ranged from 12 to 44 with a median of 25; in fiscal 1956-57, it ranged from 19 to 47, with a median of 41; during the months of January-March, 1958, the daily enrollment has been averaging about 37.

Types of cases served. The listing below classifies the 236 cases enrolled during the fiscal year 1956-57, according to the major disability:

Amputations.....	64	Hearing or visual defect...	12
Impairment of extremities.	65	Spinal deformity.....	8
Mental retardation.....	16	Tuberculosis.....	7
Psychosis-neurosis.....	9	Arthritis.....	6
Epilepsy.....	18	Cardiac.....	8
Central nervous system....	11	Other.....	12

In addition to the major disability, 30 clients had more than one disability. In most of the cases the physical disability was aggravated by problems of a personal or social nature, which were of great importance in the client's vocational adjustment. The pressures at the center have been toward the enrollment of even larger numbers of clients with disabilities, such as mental retardation, emotional disturbance, or epilepsy, which result in personal and social maladjustment.

Although the facilities of the center have not been especially adapted to the needs of cord-injury cases, a moderate number have been served. With present facilities, the center can accommodate as many as 4 or 5 wheelchair cases; when the expansion is completed, this number will be at least doubled.

The emphasis on the severely disabled is indicated by the fact that up to June 30, 1957 only 42 per cent of all cases enrolled at the center had been rehabilitated. Many of the cases recently enrolled were still in the rehabilitation process and will yet be rehabilitated. The Division estimates that approximately 60 per cent of all cases served at the center ultimately become rehabilitated. In the 2 fiscal years of 1956 and 1957, ten per cent of all cases rehabilitated by the Division had been served at the center.

Administration of the Center.

The center is administered by the Iowa Division of Vocational Rehabilitation on the same basis as its other activities. All personnel are employed by the State Board upon the recommendation of the Division's director. All salaries and other operating expenses have been paid by the Division out of its general account. The center has no income of its own, since it accepts clients only from the counselors of the Division, and no fees are charged for the services. All bookkeeping and fiscal procedures have been handled by the accounting section of the Division, and the center keeps the statistics of clients attending the facility.

Financing the Center. Comparatively minor sums were expended to

initiate services when the buildings became available for center purposes in 1951. At one time, the Iowa State Executive Council made \$8,000 available for repairs and at another time, \$5,114. Exact figures on the total costs of renovations and equipment are not available, since these expenditures were not charged to the Division. The total expenditure was under \$20,000. Minor alterations and repairs are regularly provided by the State division, which is responsible for the general maintenance of all State-owned buildings. The costs of heating and lighting are also borne by the State without charge to the vocational rehabilitation division.

The major expansion which is now in progress will cost a total of \$267,367. To finance the expansion, a special State appropriation of \$95,044 was obtained. The remainder of the cost was paid from Federal funds available to the State under Public Law 565 (Vocational Rehabilitation Act). New equipment, costing about \$25,000, will be purchased during the 1959 fiscal year, with the Federal Government paying three-fourths and the State one-fourth of the cost.

Cost of operation. Since no per diem costs have been established, it is difficult to compute costs on this basis. However, approximate figures can be given. The figures below are actual costs for fiscal year 1957:

Instructional costs (physical, occupational, and speech therapists, 6 vocational instructors, and 1 supervisor of "half-way shop").....	\$41,768
Center supervisor, 2 counselors, and 2½ secretaries	22,840
State office personnel and consultants (including psychologist and physicians).....	6,362
	<hr/>
	\$70,970

These would be total operational costs, except for the heat and lights. On the basis of an enrollment of 40 clients at a time, the per diem costs are \$4.85 per day for all operational costs other than maintenance of the dormitory.

During February 1958, the cost of maintaining the clients at the dormitory was \$3.57 per day for all costs. This figure is higher than would be necessary if a larger number could be accommodated. A housemother, a cook, and a half-time cleaning woman are maintained for only 8 or 9 women. The food bill for the month was \$208.99, with 716 meals being served at a cost of 29 cents per meal. These costs of room and board at the center compare well with the cost of keeping clients in private boarding homes. The Division pays \$87 per month or about \$2.90 a day for straight room and board. At nursing homes--and this is where the severely handicapped women in the dormitory would have to stay--the Division pays \$108.33 per month or exactly \$3.57 per day. Taxi fare from the boarding home to the center is an additional cost. After the new addition is completed, the unit costs of maintenance can be reduced through increased volume. Many clients will continue to live in rooming houses nearby, but will take all three meals at the center dining room.

Data are not available on the number of clients who live at home while attending the center, and the number who must be boarded in Des Moines. It is

estimated that about 30 out of the 40 currently enrolled are out-of-town clients who must board in Des Moines. The costs of maintaining 30 clients in Des Moines, at \$100 per month each, amount to \$36,000 per year.

Hence, the total cost of operating the center to serve an enrollment of 40 clients and of maintaining 30 clients in room-and-board status is approximately \$106,000. This figure is approximately 10 per cent of the Division's total budget of \$1,076,433 for fiscal year 1958, and approximately 19 per cent of the \$561,075, which it sets aside for the purchase of case services from facilities other than its own center. After the current building expansion is completed, the total costs of operation, including the maintenance of clients at the center, will increase somewhat. However, the enrollment will increase slowly from the present 40 to the goal of 80. Operational costs will not double, since the unit costs will be substantially lower with the increased volume of clients.

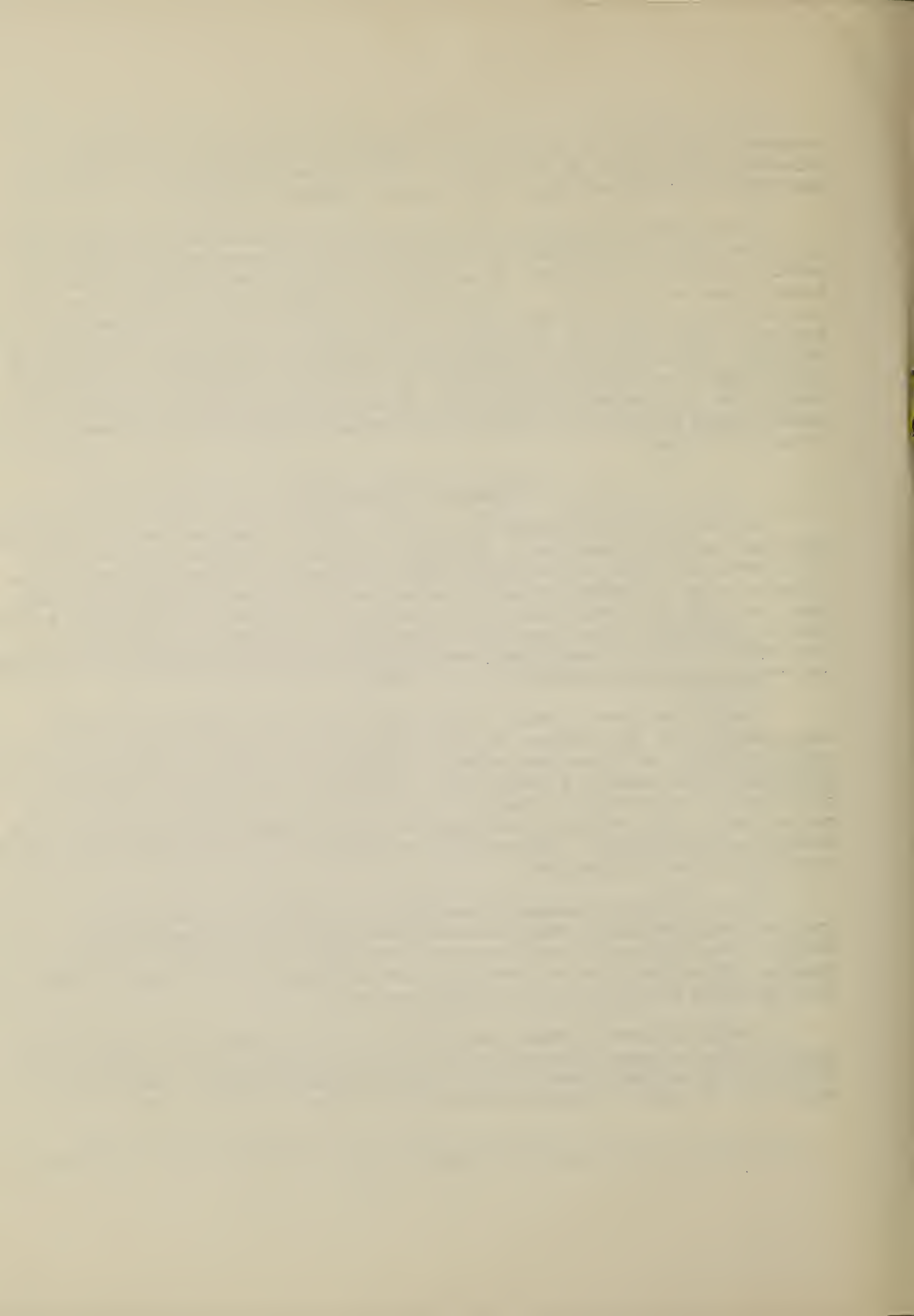
The Value of the Center

In the opinion of the Division, the center has been eminently successful. They feel they have developed a successful program of services, and one that fully meets the needs of the State. They do not plan to depart from the principle of using the center primarily for evaluation and prevocational training. They feel that vocational training as such can be obtained from available trade schools, but there is no other place from which to obtain the expert evaluation service or the prevocational training program which focuses on the personal and social adjustment problems of the trainee.

During the first 4 years of operation there was a problem of getting the counselors of the Division to understand and appreciate the value of the center to them. At times they seemed to consider it a rival rather than a resource to help them do a better job. During this period, low enrollments at the center were common. However, during the past 2 years this problem has not existed. The counselors have kept the center filled to capacity, and there often is a waiting list. There will be no difficulty in keeping the expanded center operating at capacity.

As the center is located immediately adjacent to the State capitol grounds, many prominent members of the State's executive and legislative branches have visited it, and learned of the methods and values of rehabilitation. The center thus has dramatized rehabilitation in the State in a way that otherwise could not possibly have been done.

During the next 2 years, the Division will be engaged in equipping and operating the enlarged plant that will soon be available. In the biennium to follow, it is entirely possible that further expansion will be undertaken, especially in order to increase the dormitory capacity of the center.



Conclusion

The 5 rehabilitation facilities described in this report have certain common elements despite their wide differences. All are vocationally oriented facilities, established for the specific purpose of serving clients of State vocational rehabilitation agencies. Also, despite their differences in size, program, and organizational structure, some tentative conclusions can be drawn regarding their contribution to the overall rehabilitation program of the sponsoring State agency.

1. There are definite values to be derived from the operation of a multi-disability vocational rehabilitation center.

In all instances the director of vocational rehabilitation responsible for establishing the center feels that the enterprise has been successful and has contributed to the advancement of the program in the State. The directors unanimously reported that the facility enabled their program to serve additional groups of clients -- especially the severely handicapped -- which were not served at all or so well without the facility. Improved services, both in evaluation and in preparing clients for employment, are reported to be the chief benefit to be derived from a facility to serve State agency clients.

A second advantage to be derived by an agency from establishing a facility, especially designed for its own clients, is that it provides a means to dramatize the methods and results of vocational rehabilitation. All of the agencies have used the facilities for this purpose and they stress this value. The facilities have been important factors in securing increased understanding of and better financial support for the program. The agencies have found that executives and legislators are eager to visit the center, and by observing a group of handicapped persons in the process of rehabilitation, have gained a better understanding of the program. Of no less importance is the value of using such a facility for demonstrating to related professional groups, such as educators and physicians, the objectives of rehabilitation. Moreover, by enlisting the community at large for volunteer services of various kinds, the center becomes a valuable instrument of good public relations.

2. The program of services to be developed in the facility will depend upon the needs of the State agency and the availability of existing resources.

Based on the experience of these 5 centers, a primary objective in establishing any vocational rehabilitation center is to provide an improved procedure for the diagnostic evaluation of severely handicapped individuals. This is cited by all the State agencies as a primary objective of the centers. Even the centers at Fishersville, Virginia, and at Okmulgee, Oklahoma, which at first concentrated on preparing clients for employment and did not emphasize evaluation except in the medical area, are moving toward the strengthening of this service.

The center must have a fairly diversified staff of professional personnel from various disciplines. The use of part-time staff by the smaller centers has been fairly common, with staff shared by the facility and either the State vocational rehabilitation agency or some nearby affiliated institution.

All of the centers have vocational shops for adjustment-training, as at the Iowa center, or for evaluation plus definitive vocational training, as at the centers in Virginia, West Virginia, and Oklahoma.

A basic decision in planning a vocational rehabilitation center is whether it should limit its program to physical and prevocational training or go beyond these to provide full vocational preparation for employment. Generally speaking, the smaller centers, such as the one in Iowa, will probably limit their service programs to evaluation and prevocational training or work-experience activities. This may be the type of facility most needed if training is available in the regular vocational schools of the State for wheelchair and other severely handicapped clients. Only the large centers, such as Woodrow Wilson and the new Pennsylvania center, can establish enough training courses to provide sufficient variety in the types of available training. The West Virginia center was established with a capacity of 50 trainees and it expanded rapidly to a capacity of over 100, in order to achieve a more balanced program and a lower unit cost of its services.

The kinds of physical facilities available also will influence the type of service program to be established. If sufficient residential dormitories are not available, the center will necessarily be used primarily for clients who are handicapped, not so much by limited ambulation as by emotional and social maladjustments. For the latter groups the personal-adjustment training program is probably most suitable.

Except in unusual circumstances, dormitory facilities should be available. All of the facilities studied, include dormitory facilities. A primary objective of expanding the centers in West Virginia and Iowa has been to increase the dormitory space. One of the values of a center is that it provides an opportunity for working with clients and observing them on a round-the-clock basis. For this reason, it is also important to have adequate facilities for organized social and recreational activities. Even the smaller centers, such as in West Virginia and Iowa, have found this phase of their program to be highly important.

A final factor to be considered in developing a center, is the extent to which the services to be provided in the center are the same types of services already being purchased. This is important in determining what proportion of the agency's annual budget can be devoted to operating the center. For example, when West Virginia established its center at Institute, most of its expenditures were for vocational instruction and the maintenance

of clients while in vocational training. These were the same services which the State agency had formerly been purchasing from the Woodrow Wilson Rehabilitation Center; hence the center was developed by diverting those funds used for the purchase of services from an out-of-State center, and providing similar services in its own center. This will also be true in the operation of the new Pennsylvania center. Generally speaking, physical and occupational therapy, gait training for amputees, speech therapy, and vocational training are the types of rehabilitation-center services which agencies are already purchasing, and evaluation and personal-adjustment training are more likely to be new types of services. It logically follows that centers should not be established to provide the "old" types of services, such as vocational training, unless they can provide them more cheaply or more effectively than the facilities already providing such services. A center should not be established to provide "new" service programs, such as intensive evaluation and adjustment training, unless the agency can finance these new services without crippling its traditional services. After all, it does no good to evaluate a client and to improve his attitudes toward employment, unless you can go the further step and actually train, or otherwise prepare him for employment.

3. Most of the existing programs have started in a small way by utilizing existing facilities but have expanded their plant and program as the facility proved its worth.

Only one of the centers studied in this report is fortunate enough to be able to start operations in a newly constructed building, especially designed and equipped for the handicapped. The other 4 started operations by utilizing space in existing structures. The Oklahoma center was established in a State-operated technical school. In Virginia, the center was started in surplus property obtained from the Federal Government, while in Iowa and West Virginia, State properties became available for new purposes and were assigned to the vocational rehabilitation agency. The experience of these centers indicates that a center may have considerable difficulty as a result of taking over existing buildings. Often, the available buildings are more or less deteriorated from a structural standpoint and not suitably arranged for rehabilitation-center purposes. However, the center directors agree that from a practical standpoint there is usually no other way to start. They can't demonstrate to the legislature the need for and value of a rehabilitation center until an operating program exists. It is also true that since the enactment of Public Law 565, with its provision for the modernization and expansion of existing buildings, this procedure is far more feasible than it was in earlier years.

A State agency, considering the establishment of a vocational rehabilitation facility, might well follow the lead of the West Virginia agency. Four years before it was given the use of the plant it now occupies, it secured enactment of substantive legislation, authorizing it to establish and operate rehabilitation centers, workshops, and home-industries programs.

Although other State agencies have established facilities without such special legislation, it is very helpful in actively looking for suitable property that may be taken over for rehabilitation-center purposes. Before any property is accepted, a definite plan should be worked out as to the kind of rehabilitation center that is most needed in the State. No property should be accepted unless it can be reasonably well adapted for housing the program which is the kind determined to be needed.

Based on the experience of the centers that have taken over existing properties, the following factors should be carefully studied: location in the State, proximity to medical facilities and to vocational schools, accessibility to the State office, age and physical conditions of the buildings, suitability in terms of arrangement of the buildings, availability of an elevator, distance between buildings, the contour of the land, availability of washrooms in buildings to be used for dormitories, and proximity of related agencies or institutions.

4. The operation of any kind of multi-disability center with a diversified staff is an expensive undertaking and usually requires the expenditure of a sizeable portion of the agency's total operating budget.

All of the directors, in charge of the centers studied in this report, emphasized that the operation of a multi-disability rehabilitation center is an expensive undertaking. The only way to get started is to make a firm decision as to what the program needs and what it can afford to spend for such needs, and then proceed unflinchingly until the facility is well established. The first year or two are likely to be disappointing ones, in which the costs of the facility seem to overshadow its value or even its potential value. Slow progress, and many administrative difficulties can be expected before a suitable staff can be recruited and can function satisfactorily. Likewise, the counseling staff at first is apt not to appreciate the value of the center and will therefore be slow in referring to it the kinds of cases for which it was established. A definite program of educating the counseling staff of the State agency must be undertaken. Experimentation and staff training are usually necessary to achieve effective coordination between the center and the regular agency program.

The centers described in this report have required for their operation from 4 to 20 per cent of the total operating budget of the sponsoring divisions. The Virginia Division of Vocational Rehabilitation spends about 20 per cent of its annual operating budget in purchasing services from its center. Pennsylvania will probably spend about 15 per cent of its budget in operating its new center; at least until the volume of cases sent to the center from other agencies is built up. As would be expected, these State agencies devote a large percentage of their resources to this purpose, since their centers have a wider scope and variety of services than the other centers and therefore can meet the needs of a larger number of the State agency clients. Oklahoma spends only 4 per cent of its annual budget at the Okmulgee

center. It should be remembered, however, that this center provides primarily medical services and that most of the State agency clients enrolled in the technical school are not clients of the center. If all of the vocational rehabilitation agency clients enrolled at the technical school were clients of the center (as is the case at Woodrow Wilson), the total payments to the center by the Oklahoma Vocational Rehabilitation Division would be about three times as large as at present.

Iowa, whose facility has provided only evaluation and pre-vocational training, has required about 10 per cent of its agency's budget. The percentage will probably increase as it begins operations in the expanded facility.

It might be noted that the States in which these 5 centers are located, give better than average support to their State vocational rehabilitation programs. Per capita expenditures under section 2 of the Federal Act, in fiscal year 1957, ranged from 59.2 cents in West Virginia to 34.0 cents in Iowa. All 5 were among the top 50 per cent of the States which had the largest per capita expenditure in 1957.

5. There are some definite advantages - but also some disadvantages - to the operation of a vocational rehabilitation facility by the State agency itself.

No firm conclusions can be drawn as to whether a State vocational rehabilitation division should operate its own rehabilitation facility or whether it should encourage another agency to operate the facility for its clients. In all of the centers described in this report as operated by the State agency, the directors believe it is a distinct advantage to them to operate their own facility. Of course, they do not go so far as to recommend that all agencies should operate their own facilities. On the other hand, the Oklahoma State director, who encouraged another agency to establish and operate a facility for the clients of his agency, reports that there are advantages in letting some other suitable agency take on this responsibility.

According to the State directors, the principal advantages to a State agency in operating its own facility are that (1) it can be more successful in getting exactly the kinds of services it needs for its clients, (2) it can achieve a more economical operation and thus obtain the services at a lower unit cost, and (3) it can obtain great indirect gains, such as good public relations and a laboratory for staff training.

Undoubtedly, the great value to an agency in operating its own facility is to get exactly the kinds of services it wants. This point is particularly stressed by the officials in charge of the Woodrow Wilson Rehabilitation Center. The general run of medical facilities and vocational schools have their own methods of operating, their own standards of proficiency and their own criteria for certification. Such standards or criteria

are usually established without reference to the needs of the handicapped, and thus may not be applicable to a facility that serves the handicapped. In this connection, it may be noted that the Woodrow Wilson Rehabilitation Center will soon take over the operation of the center's technical school (formerly operated by their county board of education), so they will have greater freedom in adapting what the school offers to the needs of the handicapped.

The factors which tend to make operation by the State agency more economical are (a) the effective use of professional personnel by dividing their time between the rehabilitation facility and the regular vocational rehabilitation program, (b) eliminating duplication of services, in the sense that the facility does not make kinds of diagnostic evaluations already made by the rehabilitation counselors, and (c) most important of all, the State agency, in its own facility, can supply a regular and even a quantity of clients or trainees for the center, thus providing a sufficient volume of operations to achieve full use of the staff and facilities, with the consequent low costs per client served.

Of course, the advantages mentioned above do not come easily nor automatically. If the facility is not well planned and soundly administered it cannot be economically operated, whatever agency administers it. The difficulties in obtaining efficient management is, of course, the principal argument by those who believe it is not wise for State rehabilitation agencies to administer facilities. They believe it is best to have the flexibility of program operations evolving from the ability to purchase services from any facility in the community, and not have to earmark a portion of its budget for its own facility. Adherents of this view also point out that rehabilitation agencies traditionally have purchased services from the full array of community agencies and thus have not become experienced in facility or institution management. They emphasize that the average director has enough problems in administering his traditional program without branching out into the operation of various facilities.

Obviously, there is no single nor easy answer as to by whom rehabilitation facilities should be administered. The only safe conclusion is that with rehabilitation becoming more and more complex, and making ever greater efforts to serve the severely handicapped, specialized facilities are becoming more and more necessary. Community agencies should be encouraged to develop the kinds of services needed and make them available at reasonable cost. The primary alternative is the establishment and operation of such facilities by the State agency.



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